

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1064344

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM

### WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Fast / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	— (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv. to SW	D Dewatering method used:
Conv. to GSW	
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSec TwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	1 CHIII. #
Spud Date or Recompletion Date         Date Reached TD         Completion Date or Recompletion Date	-

### AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

## Submitted Electronically

KCC Office Use ONLY						
Letter of Confidentiality Received						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						

	Side Two	1064344
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Shee	ets)	Yes No		Log Fo	ormation (Top), Depth ar	nd Datum Top	Sample
Samples Sent to Geologic	cal Survey	Yes No		Name		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted El (If no, Submit Copy)	ectronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	)				
List All E. Logs Run:							
		CAS		New U	sed		
		Report all strings	set-conductor, surfac	e, intermediate,	production, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Sett Dep		# Sacks Used	Type and Percent Additives

### ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			
TUBING RECORD:	Siz	:e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed P	Producti	on, SWD or ENHF	₹.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Subr	nit ACO	-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

## Pro-Stim Chemicals, LLC

P.O. Box 25 Cheyenne Wells, CO 80810

# Invoice

 Date
 Invoice #

 9/14/2011
 56698

### Bill To

Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

	Reque	ested By		Terms	Sales Rep.	Ship		Lease	e
				Net 30	JK	9/7/201	1	HESS 2	-33
Quantity	Item	Code			Description	<b></b>	F	Price Each	Amount
2 1	RWR-1 15 AR-630 DUMP JOB TRUCK TIM		GALI GALI HOUI Sales	LONS	CO.			2.26 24.10 158.00 95.00 8.05%	1,356.00 48.20 158.00 332.50 39.49
							Total		\$1,934.19
Phon	e #	Fax #			E-mail				e ne ne n
719-767	-8071	719-767-5	925	pros	stim@hotmail.com				

Ship To

Acidizing Report												
Customer GRand MCS	<u>а</u>	Pro-Stim Chemical Y	ard Dithton	Pro-Stim Numbe	A 3 56696							
Well Name & Number	\$ 2-33	Field		Formation	Spot							
County Corres Stat		ВНТ	YD	Interval 4	354-65							
Well Type: Completion D R												
Job Pumped Via: Tubing 🕅	Casing [] Anni	ulus 🗔 🛛 CTU 🖾 Co	mbination [] Piug Depth	,,,,,,,,,	Packer Depth 43-35							
Casing Size: 51/2	GRD W	Depth	Tubing Size: 2	7/3 GRD	WT Spot							
Casing Vol.	Tbg Vol 2-5.	57 Ann Vol	7 OH Vol	Total Disp	placement Z 4.7							
Maximum Pressure	Tubing	Casing	Proposed Pump Tir	ne AOL 30 8130	Leave Loc 10000							
Special Instructions:	20 yoy 1	5 % RNR-	1 2 AR630									

	r	Data	f to a sector	Treatment Cum	Pres		Г	
Time	Type Fluid	Rate BMP	Increment Vol Bbls	Vol Bbis	Tubina	Casing	0	bservations
		1				1. 1.	Safety Meeting	27 <b>2</b>
						N S	Prs Test to	psi
8:44	Acid	3.4	1.0		60			
8148	ALL	3.4	14.3		70			
8148	FINSh	3.1	14.4		10			
8151	1)	0.0	25.7		100			
8:52	• 1	0.0	25.7		300			******
3155	1 (	0.0	25.7		400			
3157	R	5.0	2.5.7		5- 00			
9101	<u>ر ۲</u>	0.0	25.8		100			
9,07	£ )	0.0	25.8	······································	700			<u> </u>
1112	15	0.0	25.8		1000			**************************************
1,24	11	, 2	26.2		770	<u>+</u>		
1127	11	15	27.0		500		· ·	
1:29	; l	1.0	28.3		550			u
1,30	1(	1.5	30.2		660			
933	11	1.5-	33.6		760			
1:37	<u></u> ( 1	115	39.3		840			
1538	11	1.5	41		680			
								······································
	-	1			<u> </u>			······································

### **Treatment Synopsis** Total Injected H20 26.7 Acid 14.3 Oil Fluid BPM Avg Inj Rate 680 10'SI 380 15' SI 330 Max 1000 7 00 620 5'SI 440 Final ISIP Avg. Treating Prs. Pro-Stim Supervisor **Customer Representative** J i N 74 Ê,

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## Pro-Stim Chemicals, LLC

P.O. Box 25 Cheyenne Wells, CO 80810 SEP 2 6 2011

Ship To

# Invoice

te Invoice # 2011 56696

### Bill To

Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

	Reque	ested By	Te	erms	Sales Rep.	Ship	Le	ase
			N	et 30	S M	9/7/2011	HES	3S 2-33
Quantity	ltem	n Code			Description		Price Each	Amount
900 30 3 2 2 2 28 1	15% HCl AC AS-290 AC-307 S-262 AI-150 AR-630 KCL BIOCII DUMP JOB TRUCK TIM	DE - 2%	GALLON GALLON GALLON GALLON GALLON BRLS HOURS Sales Tax	NS NS NS NS NS			1.28 30,34 17,39 13,42 18,83 24,10 3,16 158,00 95,00 8,05%	910.20           52.17           40.26           37.66           48.20           88.48           158.00           332.50
						Т	otal	\$2,858.96
Phon	e#	Fax #			E-mail			
719-767	-8071	719-767-5	5925	pros	tim@hotmail.com			

Date 9/14/2011

Acidizing Report	Date	9-7-11						
Customer Grand /	Mesq	Pro-Stim Che	ernical Yard Digh	ton	Pro-Stim Numb	5101098		
Well Name & Number	52-33	Field	- /		Formation		Spot	
County State	°KS	ВНТ	YD		Interval			
Well Type: Completion [] R	ecompletion D	Vorkover 🖾 🛛 C	DII 🗆 Gas 🗔 Wate	ər 🖾 🛛 Disposal	D Perf C C	)H 🖂		
Job Pumped Via: Tubing []	Casing 🗆 🛛 Annu	ilus 🗋 🛛 CTŲ 🗆	s CTU Combination Plug Depth			Packer Depth		
Casing Size:	GRD WT	Depth	Tubir	ig Size;	GRD	WT	Spot	
Casing Vol.	Tbg Vol	Ann V		'ol	Total Dis	placemer		
Maximum Pressure	Tubing	Casin	ig Propo	osed Pump Tim	9 AOL	Leav	ve Loc	
Special Instructions:	100 gals	HC-	-1 15%		<u>i</u> .			

i/				Treatment			
Time	Type Fluid	Rate BMP	Increment Vol Bbis	Cum Vol Bbls	Pres Tubing		Observations
, inte	rype Fluid					Casing	Safety Meeting
			的时代的	力分割的合。			Prs Test topsi
	Acid	2.8		2.5	30		
8	Acid	2.8		22	30		Acio Gove Loaded
10	Flush	2.9		27	50		Loaded
12	Flush	3.0		_30	600		
	Flush	3.0		32	800		
16	Flush	3.0		_4(	700		
	Flush	3.0		50	70	- <del></del>	Done
					} 		
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		·					
	ļ			11,8×4 - 1444 Aldehaun Babb - 17944 -			
	<u> </u>	<u> </u>				L,	

Treatment Synopsis									
Avg inj Rate			Total Injected	H20 276-1	Acid 226-1	OII			
Treating Prs.	ڪي 🖇 Max	Final 780	Avg. 750	ISIP 400	5'SI 2.50	10'51 200	15' SI /50		
Customer R	lepresentative		anna 2 million an de sont a francés a sint martine de sont	Pro-Stim St	upervisor 57	known M	<u>N.</u>		

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SEP 2.6 2011

## Pro-Stim Chemicals, LLC

P.O. Box 25 Cheyenne Wells, CO 80810

Bill To

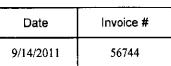
Grand Mesa Operating Co.

Wichita, KS 67206-6614

1700 N. Waterfront Pkwy - Bldg 600

	Requested By	Т	erms	Sales Rep.	Ship		Lease		
		N	let 30	JK	9/9/2011	Н	ESS 2-33	SS 2-33	
Quantity	item Code			Description	L	Price Each	Price Each Ar		
1 30 1	RWR-1 15% AR-630 KCL BIOCIDE - 2% DUMP JOB TRUCK TIME	GALLO GALLO BRLS HOURS Sales Ta	NS	:O.		24 3 158	.00	565.00 24.10 94.80 158.00 285.00 35.66	
								·	
						otal			
Phon	e# Fax	#		E-mail				\$1,162.56	
	-8071 719-767	5025		tim@hotmail.com					

Ship To



# Invoice

Acidizing Report	F	PRO-STIN	I CHEMICAL	5		Date 9-9-11
Customer & Rand M	134	Pro-Sti	m Chemical Yard	Dighton	Pro-Stim Numb	* A3 56744
Moll Mama & Mumbar	2-33	Field			Formation	Spot
County Gunc Sti	ate Ks	BHT	۲ ۲	Ď	Interval 40	184 - 89
Well Type: Completion	Recompletion	[] Workover		Water 🗋 Dispo	sal 🗆 Perf 🖾 C	
Job Pumped Via: Tubing	Casing 🗍	Annulus 🗋	CTU [] Combina	iion [] Piug Dept	h	Packer Depth 4023
Casing Size:	GRD	WT	Depth	Tubing Size:	GRD	WT Spot
Casing Vol.	Tbg Vol	-1	Ann Vol	OH Voi	Total Disp	placement 2.5
Maximum Pressure	Tubing		Casing	Proposed Pump Ti	me AOL 30 g) 2	0 Leave Loc 10715
Special Instructions:	50 941	15% R	WR-1 1A	R630		

				Treatment	Record			
		Rate	Increment	Cum	Pres			
Time	Type Fluid	BMP	Vol Bbls	Vol Bbis	Tubing	Casing	Safety Meeting	Observations
		]		AND AND	御殿 とうぶんてい しっていたい し		Prs Test to	psi
8:31	ALL	3:0	1.1		0			
8141	ALL	3,0	6.0		б			
8141	flush	3.0	6.1		б			
8743	11	3.0	13		Ø			
8148	j t	6.0	21.8		60			
8148	. 1	0.0	21-9		250			
8>49	4	0.0	211.9		400			
8154	ĸ	0.0	22.1	•	700			
8156	\$1	0.0	22.4		800			
9108	11	0.0	23.]		900			
9 130	μ	6.0	Z4.3		900			
9144	1 1	, 2	25,2		895			
9147	1 H C	15	25.5		700			
9148	1.	•7	25.7		540			
9744	11	1.0	26.2		620			
9251	11	1.0	28.2		490			
9153		1.0	30,2		420			
9154	11	1.0	31.0		390			
l					<u> </u>	l	ļ	

### **Treatment Synopsis**

								and the second		The second s	
Avg Inj Rate	Fluid E	зрм			Total Injected	H20	2.5	Acid	6	Oil	
Treating Prs.	Max	100	Final	315	Avg. 800	ISIP	200	5'SI 30	, sec	TO10'SIE' O	15' SI
Customer F	Represer	ntative	Jak	<sup>()</sup>	10		Pro-Stim S	upervisor			
Man Caption											

Pro-Stim Chemicals, LLC

Fax #

719-767-5925

Phone #

719-767-8071

P.O. Box 25 Cheyenne Wells, CO 80810

	Reque	sted By	Terms	Sales Rep.	Ship	Le	ase
		1	Net 30	J K	9/12/2011	HES	S 2-33
Quantity	ltem	Code		Description		Price Each	Amount
2 25 1	RWR-1 159 AR-630 4% KCL DUMP JOB TRUCK TIM	1 1 1E	GALLONS GALLONS BRLS HOURS Sales Tax - GOVE CC	).		2.26 24.10 3.26 158.00 95.00 8.05%	48.20 81.50 158.00T 285.00T
						otal	\$1,738.36

E-mail

prostim@hotmail.com

Bill To

Grand Mesa Operating Co. 1700 N. Waterfront Pkwy - Bldg 600 Wichita, KS 67206-6614

Invoice

Date	Invoice #
9/21/2011	56810

Ship To

SEP 2.6 2011

Acidizing Report	PRO	STIM CHEMIC	4 <i>L5</i>		Date 7-12-11				
Customer GRANDN	nesa	Pro-Stim Chemical Yard	Diykton	Pro-Stim Numbe	" A3 5681D				
Well Name & Number	>5 2-33	Field		Formation	Spot				
County Gove Stat	<sup>ie</sup> /45	BHT	YD	Interval 40	84 - 4089				
Well Type: Completion  Recompletion  Workover  Oll  Gas  Water  Disposal  Perf  OH  OH									
Job Pumped Via: Tubing 🕅	Casing 🗐 Annul	us 🗌 CTU 🖾 Comb	ination  Plug Depth		Packer Depth				
Casing Size: 512	GRD WT	Depth	Tubing Size: 27	S GRD	WT Spot 14				
Casing Vol.	Tbg Vol	Ann Vol	OH Vol	Total Disp	placement 2.4				
Maximum Pressure	Tubing	Casing	Proposed Pump Tim	ne AOL	Leave Loc 2745				
Special Instructions:	50094(	15º11 R1	vR-1 + 21	4 R630					

				Treatment	t Record			
	<b>T</b>	Rate	Increment	Cum	Pres			
Time	Type Fluid	BMP	Vol Bbls	Vol Bbls	Tubing	Casing	Safety Meeting	oservalions
			ika manta	s of the second		S SEM S A	*Prs Test to	psi
1157	ACIA	3.8	1.0		0			
2,00	Acij	3.8	12.0		0			
2,00	FILSH	3.8	12-1		0		<u> </u>	
2:01	11	3.8	14.0		-10	<u>.</u>	SPOT	
Z:12		3.9	16.5		-70			
2714	it	3.9	2410		-50			
2111	EX .	1.4	24.5		60			
2118	1)	2.0	32.5		300			
2118	IX.	2.1	33.5		400			
Z719	11	2.1	36.0		500			
2720	( \	2. (	37.0		500			
		1						
							١	

Treatment Synopsis										
Avg Inj Rale	Fluid B	PM		Total Injected	H20	25	Aoid	2	Oil	
Trealing Prs.	Max	500	Final 5 (2)	Avg. 410 P	ISIP	300	5281 1 m	IN 5	10'SI	15' SI
Customer Representative		All	A 1/2		Pro-Stim St	upervisor				
Ciel Aller										

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Mark Sievers, Chairman Ward Loyd, Commissioner Thomas E. Wright, Commissioner Sam Brownback, Governor

October 07, 2011

Ronald N. Sinclair Grand Mesa Operating Company 1700 N WATERFRONT PKWY BLDG 600 WICHITA, KS 67206-5514

Re: ACO1 API 15-063-21910-00-00 Hess 2-33 NW/4 Sec.33-13S-31W Gove County, Kansas

**Dear Production Department:** 

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Ronald N. Sinclair